

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED

A Public Document

1. Agency Name

Office of Mayor Sam Liccardo
Division, Department, or Region (if applicable)

2017 AUG 21 PM 2:28

Date Stamp

California Form 802

For Official Use Only

Designated Agency Contact (Name, Title)

Dylan Simon - Deputy Chief of Staff

Area Code/Phone Number

(408) 535-4825

E-mail

dylan.simon@sanjoseca.gov

☐ **Amendment** (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 115 & 50

Event Description: Marvel Universe Live
Provide Title/Explanation

Date(s) 8, 19, 2017

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>McKinley Neighborhood Assn</u>	<u>24</u>	<u>Recognition</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Dylan Simon
Signature of Agency Head or Designee

Dylan Simon
Print Name

Deputy Chief of Staff
Title

(month, day, year)

Comment: _____